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		Regional Advisory Committee (RAC) Meeting Minutes - Central	
		May 18 2009	
		1:00 pm - 3:00 p.m.	
		NEBO Christian Ministries	
Agenda Item		Discussion	Decisions /Follow- up
Welcome	•	Carolyn Massey welcomed everyone and introductions occurred.	
 Introductions 			
 Review of 			
March's Minutes			
& Evaluations			
Meeting Framework	•	Carolyn Massey and Karen Bellesky gave an overview of the RAC and explained the	
 Overview of RAC 		purpose of the meeting.	
 Meeting Purpose 			
HIV Care Services	•	Monique Hitch reviewed the HIV Care Priorities and the Allocation Formula for SY2010	
 Monique Hitch 		-Central Region (handouts provided)	
Deputy Chief,		 Background 	
Center for HIV		 Brief Overview of Parts B&D 	
Care Services		Minority AIDS Initiative	
AIDS		Health Services Support	
Administration		HIV Health Services by Region	
		Health Services Support	
		Prioritization of HIV Care Needs	
		 Priorities for Use of Part B Funding, Central Region 	
		SFY10 Allocation Formula	
		Distribution of Part B Funds	
		The Maryland HIV Services Allocation Formula	
		Regional Allocations of Part B Funds from Allocation Formula SFY10	
		Allocation Variables-Central Region	
		Public Comments Regarding the Allocation Formula	
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Epidemiology	Colin Flynn presented HIV/AIDS in Central Region: An epidemiological Profile	
Presentation	 2007 AIDS Case Report Rates and Estimated Adult AIDS Prevalence Rates 	
 Colin Flynn, 	Maryland HIV/AIDS Trends	
Chief of the	Factors Affecting Maryland's Incidence Trends	
Center for	Maryland HIV/AIDS Prevalence	
Surveillance and	Maryland Regional Advisory Committee Regions	
Epidemiology	Maryland HIV/AIDS Prevalence by Region, 12/31/07	
AIDS	HIV/AIDS Trends Central	
Administration	HIV/AIDS Prevalence Central	
	Central HIV/AIDS Prevalence by County, 12/31/07	
	• HIV/AIDS Prevalence Rates per 100,000 Population by County, Central, 12/31/07	
	Population and HIV/AIDS Prevalence by Gender, Central	
	HIV Incidence by Gender by Year of Diagnosis, Central	
	Population and HIV/AIDS Prevalence by Race/Ethnicity, Central	
	HIV Incidence by Race/Ethnicity by Year of Diagnosis, Central	
	Population and HIV/AIDS Prevalence by Age, Central	
	HIV Incidence by Age by Year of Diagnosis, Central	
	Risk Categories	
	 Percent of Cases with Risk Reported through 12/31/08, by Year of HIV Diagnosis, Central 	
	HIV/AIDS Prevalence by Risk, Central, 12/31/07	
	HIV/AIDS Prevalence by Risk across Gender, Central, 12/31/07	
	HIV Incidence by Risk by Year of Diagnosis, Central	
	HIV/AIDS in the Central Region	
	HIV/AIDS in the Central Region: Demographics	
	HIV/AIDS in the Central Region: Transmission Risk	
Prevention Dialogue	Dionna Robinson introduced the HIV Prevention Dialogue, reviewed the discussion	
• Dionna Robinson,	objectives and provided an overview of the process. (handouts provided)	
AIDS	• RAC members divided into three small groups and discussed the following questions:	
Administration	– What are the current prevention needs in your community?	
	 What services or activities are currently available in your community to reduce 	
	HIV transmission?	





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	– What additional services or activities are needed to reduce HIV transmission?
	Dionna discussed next steps for utilizing the feedback provided by the RAC to plan HIV
	prevention efforts.
MSM Strategic Plan	Kip Castner informed the group about the MSM Response Team, convened by the AIDS
 Kip Castner, 	Administration to focus on the HIV prevention programming needs of MSM. The MSM
AIDS	Response Team is conducting a series of discussion groups of MSM in all five regions of
Administration	Maryland. Kip asked for RAC participants' help in identifying men who could be trained
	to lead the discussion groups, recruit participants, or participate in them.
Wrap Up	• There is a RAC meeting, Capacity Building Session, on June 10, 2009 10a.m2:00p.m. at
Community Input and	Chesapeake Community College and June 11, 2009 4:30p.m8p.m. at the Radisson Cross
Announcements	Keys.
	• The next Central RAC meeting will be September 14, 2009 4:30pm-7pm at the NEBO
	Christian Ministries
	 It was commended by attendees that the turnout was great today.
	• Women accepting responsibility are having an event on June 27, 2009 at 2300 Garrison
	Blvd.
	• Convoy of hope is holding an event on June 16, 2009 at Clifton Park. This is an excellent
	opportunity to voice to the community. The event is free. There is a meeting tomorrow to
	discuss the event in further detail. www.convoyofhope.com or Twitter Convoy of Hope
	• STAR coalition meeting will be held on June 3, 2009.
	Carolyn Massey announced that Anne Arundel County has started an HIV Commission.
	The commission will be providing advice, the situation in the county, the needs, and
	suggestions to the local government.
	• Attendance at today's meeting: 74
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Respectfully Submitted, Chelsea Strength





What are the current prevention needs in your community?

- Lagging behind other major cities; NY, San Francisco -Baltimore
- Target prevention programs to high-risk groups
- Where are African Americans
- Websites
- Not enough **outreach** 21217, 21216
- More HIV+ people sharing
- More HIV testing incentives
- Coalition based Community Assn. groups establish relationships – let them guide activities – assest based – gender-based groups
- Need more **effective outreach**
- Fine tune to <u>maximize</u> efforts & resources e.g. how to map; what time to reach people (have a presence in community)
- Evaluate activities regularly
- Need more technical assistance experts cross sharing of info between Community Based Organizationss
- Recognizing abilities to do outreach
- Stigma
- Lack of info on HIV testing in Popular Grove
- Lack of HIV prevention messages in mass media
- TV PSA on HIV prevention messages where to get tested etc
- Use on a continuous basis

- Age, Awareness, Risk us, Risk, age, aware
- Education
- info is outdated oral sex too.
- Counseling and Testing
- MDs/Doctors need comfort to do test
- Right people
- Confidential
- Incentives
- Reduce stigma
- Timing: when vans come is not necessarily time person ready to get tested
- *Disconnect 1) Outreach workers are there community members not aware 2) Community members are not READY to seek info
- People hear different messages about HIV transmission
- Messages how to live in a healthy way
- People who want to become outreach workers need a more rigorous training calendar
- College campuses no HIV testing?
- 50-59 increased incidence of HIV
- 10-29 need targeted outreach understand each groups experience with HIV





What services or activities are currently available in your community to reduce HIV transmission?

- Rapid Testing
- Needle exchange program—give info
- Mobile units
- Baltimore Substance Abuse Systems/ Needle Exchange Program/All mobile units dispersing info and testing
- Going to the population instead of population coming to sources
- Agency drop off sites
- Incentives
- Agency drop off sites
- Media, Billboards
- Celebrity, Politicians
- Keep it simple, accessible, quick and easy ex: rapid testing
- Give incentives to draw people in.
- Incentives: Pros and Cons
- Better coordination of care and prevention on federal level. Its trickling to state and local levels

- Prevention for positives—groups (health education); being aware of behaviors.
- SISTA intervention, jail systems detention centers
- PSMP
- Partner Services (Partner Notification) do not reveal sources but encourage
- WILLOW for positives—CDC endorsed for African American women living with HIV
- Needle Exchange (Baltimore City)
- Good medical care
- Support Groups
- Counseling, Testing and Referral (STAR)
- Drug Treatment
- Name based reporting—helps tracking down a health relationship

What additional services or activities are needed to reduce HIV transmission?

Enhance Collaborative Services

- Connect with organizations other than Community Based Organizations e.g. Colleges, universities
- Be responsible each of us to be source of info for each other
- Funding for prevention (from PART B) (Ryan White) is limited. Drives activities, not the <u>needs</u> of the community (focus on lives; not \$\$)
- Other types of funding for prevention
- Quality vs. quantity
- Competitive funding does not encourage collaboration

- There needs to be some sort of way to show to everyone that HIV is an issue for everyone, regardless of income, status, age, etc.
- Information needs to be updated
- Beef up education, need more than just a bowl of condoms in the doctor's office
- Community as a whole needs to take responsibility for this problem. Can't just leave it up to the doctors or counselors to do it
- Make female condoms more readily available in stores, etc.





- Need a system that will help people
- Incentives to people to return for HIV test results
- No incentives because it is a temporary fix presents an opportunity for further info dissemination to client
- But hard to regulate
- Depends on type of incentive
- Conferences to discuss how to engage political leaders in more discussion about HIV. Try to change leaders' attitudes toward HIV

- Clinics need to have more discussion about HIV, make people comfortable
- Needs to be more HIV/sex education and HIV testing in schools (adolescent age)
- More media coverage about HIV testing
- Preachers and other clergy officials should talk about HIV more in the churches/facilities

Respectfully Submitted, Chelsea Strength